



GLAXO WELLCOME - FEE(S) TRANSMITTAL

NO. 0153 P. 2

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23347 7590 05/02/2006

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Marjorie J. Pfeiffer	(Depositor's name)
<i>Marjorie J. Pfeiffer</i>	(Signature)
June 29, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/889,751

07/20/2001

Paul Kenneth Rand

PG3604USW

8846

TITLE OF INVENTION: INHALATION DEVICE

06/29/2006 CNGUYEN1 00000176 071392 09889751

01 FC:1501
02 FC:8001
1400.00 DA
12.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$0

\$1400

08/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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MITCHELL, TEENA KAY

3743

128-203150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 James P. Riek

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GLAXO GROUP LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Greenford, England

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1392 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

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Authorized Signature

Date 6-29-2006

Typed or printed name

James P. Riek

Registration No. 39,009

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JUN 29 2006 11:44AM

GLAXO WELLCOME

NO. 0153 P. 1



GlaxoSmithKline

To BOX ISSUE FEE

Company USPTO

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From Marjorie J. Pfeiffer

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Date June 29, 2006 Pages including cover 3

Subject Fee(s) Transmittal - Appl. No. 09/889,751

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100
www.gsk.com

Re: Fee(s) Transmittal
Application of Paul Kenneth RAND et al.
U.S. Serial No.: 09/889,751; Filed: July 20, 2001
Date of Mailing "Notice of Allowance and Fees Due": May 2, 2006
Confirmation No. 8846
Title: *Inhalation Device*
Attorney Docket No. PG3604USw

Attached:

1. Fee(s) Transmittal (Part B), in duplicate
with Certificate of Transmission (37 CFR 1.8(a))

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